PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003)	Application or Docket Number				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OTHER THAN			
TOTAL CLAIMS				? 	L	<u> </u>		RATE	FEE	_	RATE	FEE	
FOR			. NUMB	. NUMBER FILED		NUMBER EXTRA		BASIC FEE 385.00			BASIC FE		
Ľ	TOTAL CHARG	3	3 minus 20=				XS 9=		OR	342.2			
INDEPENDENT CLAIMS			\perp	minus 3 =				X43=			X86=		
Ľ	MULTIPLE DEP	ENDENT CLAIM	PRESÈNT		•	+145			1-	OR			
•	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		JOR IOR	<u> </u>	CO •	
CLAIMS AS AMENDED - PART II											210		
_	(Column 1) (Column 2) (Column 3							SMALE	ENTITY	OR	OTHER		
AMENDMENT A	M7/105	CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUMB PREVIOI PAID F	ER USLY OR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total	1. 4	Minus	- &	O	= /		XS 9=		OR	X\$18=	1	
		FNTATION OF W	Minus		<u>گ</u>	= /	F	X43=		OR	X86≈	/	
L	TEINST PAGS	ENTATION OF M	ULTIPLE D	EPENDENT	CLAIM		上	+145=	 	1		-/-	
	(Column 1) (Column 2) (Column 3)								-	OR	+290≈ TOTAL		
									<u> </u>	JOR ,	ODIT, FEE		
8		CLAIMS REMAINING		HIGHE	ST	(Column 3)	r	. -	ADDI-	3 6			
AMENDMENT		AFTER AMENOMENT		PREVIOU PAID FO	SLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 4	Minus	- 2	0	-	Γ	XS 9=		ОR	X\$18=		
AME	Independent	1-2	Minus	- 3	\$	•	·	X43=		L I	X86=		
	rinoi PHESE	NTATION OF MI	JLTIPLE DE	PENDENT C	LAIM		\vdash	145=		OR			
										OR	+290=		
ADDIT. FEE OR ADDIT. FEE													
5	`	(Column 1) CLAIMS		(Column	Υ]	(Column 3)	_	·		سي	•		
IMENDIMENT	·	REMAINING AFTER AMENDMENT		PREVIOUS PAID FOI	SLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	•	Minus	••		=	T,	\$ 9=	FEE		X\$16=	FEE	
	independent		Minus	***			\vdash			OR			
	FIRST PRESE	Ľ	(43≈		OR _	X86=							
**	If the entry in column 1 is less than the entry in column 2, write '0' in column 3. If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20." TOTAL OR +290= TOTAL OR TOTAL												
••	ove authorities tenti	nber Previously Paid ber Previously Paid	DOC'IM THIS	CDACE in the		9	ADD und i	IT. FEE L n th e appr		OA AD in cotum	OIT FEEL		
	70.00							•				ı	